Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHIC-ACCRE-ZBEN-SAT-V1.2025
PHILHEALTH CIRCULAR NO. 2025- 0012

Self-assessment / Survey Tool for Z Benefit Package for Post-Kidney Transplantation Services in Adults

Name of HF: _____ Level: _____

Date of Survey: (MM/DD/YY)	Time started: (hrs:mm)	Time ended: (hrs:mm)
(For PhilHealth Survey Team use only)		

Directions for the HF:

1. Put a check (√) in the "Yes" column if the service is available or an (**x**) in the "No" column if the same is not available in the HF.
2. For outsourced services, put (**x**) in the "No" column and state in the remarks that the service is outsourced and indicate the name of the outsourced service provider.

REQUIREMENTS		HF		PHIC		REMARKS
		Yes	No	Yes	No	
1.0	**HF Accreditation**					
	1. The Hospital has valid PhilHealth Accreditation					
2.0	**Minimum Service Capability**					
	1. Essential Procedures					
	a. Renal Graft Biopsy					
	b. Renal Graft Doppler					
	2. Laboratory Services					
	a. Tacrolimus trough					
	b. Cyclosporine trough or 2-hour post dose (C2)					
	c. Mycophenolate Sodium AUC					
	d. Sirolimus trough					
	e. Everolimus trough					
	3. Pharmacy (with adequate supply of the following drugs and/or with established arrangement with a supplier)					
	a. Calcineurin inhibitor (NCI)					
	i. Tacrolimus					
	ii. Cyclosporine (ciclosporin)					
	b. Anti-proliferative					
	i. Mycophenolic acid (mycophenolate sodium **Or** mycophenolate mofetil)					
	ii. Azathioprine					
	c. mTOR (Mammalian Target of Rapamycin)					
	i. Everolimus					
	ii. Sirolimus					
	d. Prophylaxis					
	i. Valacyclovir (valaciclovir) **Or** Valganciclovir					
3.0	**Human Resource**					
	1. Nephrologist certified by the Philippine Society of Nephrology **Or**					

	Transplant Surgeon certified by the Philippine Society of Transplant Surgeons, Inc. **Or** **Internist** with Completed Training in Nephrology • With valid PhilHealth accreditation					
	2. Z Benefit Coordinator (At least 1) (may handle maximum of three (3) Z Benefit packages)					
4.0	**Clinical Pathway Implementation**					
	A dedicated clinical pathway team oversees implementation of program					
5.0	**Quality Assurance Activities for Z Benefits Program**					
	Reports/Outcome measures (for renewal of contract)					
	a. Mortality rate					
	b. Morbidity rate					
	c. Lost to follow up					
	d. Annual Report on Renal function Test					
	e. Kidney Transplant Registry (once available)					
	f. Other reports/documents to be determined by PhilHealth					

To be accomplished by PhilHealth during Pre-Contracting Survey

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HF Management Team

Name of Management Team	Designation	Signature